

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035274

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1748

VS 300
Rev. 4/59

1 0128
2 0350

3

4 0

5 2

6

7 1

8 2

9 162.1

10

11

12 3-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
3 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lucy Lee Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin

c. CITY OR TOWN Campbell

d. STREET ADDRESS (If outside, give location)
Route 1

3. NAME OF DECEASED
(Type or print) First Middle Last
William Yocum

4. DATE OF DEATH
Month Day Year
August 31, 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
11/18/84

9. AGE (last birthday)
79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (City and state or country)
Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates of)

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Bronchogenic carcinoma.

2 months.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-23-63 to 8-31-63 and last saw her alive on 8-31-63
Death occurred at 12:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
J. M. K. L. M. D.

22b. ADDRESS
330 North Second Street
Poplar Bluff, Missouri

22c. DATE SIGNED
9-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
9-3-63

23c. NAME OF CEMETERY OR CREMATORY
Hagy Cemetery

23d. LOCATION (City, town, or county)
Dexter, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Watkins & Sons

Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

9/9/1963

26. REGISTRAR'S SIGNATURE

J. M. K. L.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 12 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy Mathews

Licensed Embalmer No. 4717

P. O. Address Depler MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.